



# NEWTOWN PARKS & RECREATION KIDSFIT REGISTRATION FORM

Town Hall South, 3 Main Street  
Newtown, CT 06470



LAST NAME

## Household Contact/Parent/Guardian #1

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Home Phone\_\_\_\_\_

Work Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_

Email Address\_\_\_\_\_

## Household Contact/ Parent/Guardian #2

Name\_\_\_\_\_

Address\_\_\_\_\_

(Address Only fill out if different than #1)

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Home Phone\_\_\_\_\_

Work Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_

Email Address\_\_\_\_\_

Emergency Contact(other than parent/guardian)

Name\_\_\_\_\_Relationship\_\_\_\_\_Phone\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_Phone\_\_\_\_\_

## PARTICIPANT REGISTRATION

Youth Programs Only

Activity #	Activity Name	Last Name(if different)	First Name	Age	Gr	Date of Birth	Sex	Fee

**MAKE CHECKS PAYABLE TO NEWTOWN PARKS AND RECREATION**

**PARK GIFT FUND**

**TOTAL**

List any specific health problems, allergies or medications\_\_\_\_\_

Comments\_\_\_\_\_

We will be happy to give refunds or credits minus a \$5.00 administration fees if notification is received one (1) week prior to the start of the program

### WAIVER OF TOWN LIABILITY

I, undersigned, assume all risks and hazards incidental to such participation in the above mentioned Newtown Parks & Recreation Department activity; and I hereby, waive, release, absolve indemnity, and agree to hold harmless the Newtown Parks and Recreation Department and the program instructors, organizers, sponsors, etc. for any claim arising out of injury to myself/child. Participation is at my/my child's own risk. There is no medical coverage.

Parent/Guardian/Self Signature\_\_\_\_\_Date\_\_\_\_\_